



**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**MEDICAL NUTRITION THERAPY  
APPLICATION FOR REVIEW OF A  
HOMESTUDY OR VIDEO  
CONTINUING EDUCATION PROGRAM**

<b>SECTION A - Name And Address: (Please <i>print</i> your name and full address)</b>		
First:	Middle:	Last:
Address:		
City:	State:	Zip

<p><b>Are you the program provider?</b> Answer Yes or No</p> <p>Telephone Number: _____</p>
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Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>SECTION B – Homestudy/video program Information</b>		
1	Type of Program (Please check the applicable program) Homestudy Video	
2	Name of Textbook or Other Documentation Utilized:	
3	Describe how this Homestudy/video program is related to the theory or clinical application of theory as it pertains to the practice of medical nutrition therapy:	
4	Number of Hours Requested for Approval:	
5	Is an examination utilized to ensure completion of the homestudy/video? Answer Yes or No	
	If not, what mechanism is utilized?	

**SECTION C - Method of Completion Verification.**

Attach a sample copy of the documentation the provider issues to licensees as proof of completing the program. Examples include, a certificate of completion or a letter from the provider verifying completion of the program.

<b>FOR OFFICE USE ONLY - BOARD DETERMINATION</b>	
<input type="checkbox"/> Approved _____ hours credit	
<input type="checkbox"/> Denied, Reason: _____	
_____	_____
(Signature of Reviewer)	(Date)

SECTION D – Homestudy/Video Program Developer Information			
Name:	First:	Middle:	Last:
Qualifications (List any education, experience and/or training that qualifies the individual to develop this continuing education program.)	Education:		
	Experience:		
	Training:		

You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume or documentation of previous presentations pertaining to MEDICAL NUTRITION THERAPY.

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**NOTE:** This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

**Continuing education must relate to the definition of Medical Nutrition Therapy.**

Medical nutrition therapy means the assessment of the nutritional status of patients. It involves the assessment of patient nutritional status followed by treatment, ranging from diet modification to specialized nutrition support, such as determining nutrient needs for enteral and parenteral nutrition, and monitoring to evaluate patient response to such treatment.

After the Board has granted its *written approval* of the application, the provider is entitled to state upon its publications: This program is approved for \_\_\_\_\_(number) Nebraska Medical Nutrition Therapy continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.